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What Happened at Columbia

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This is a factual report and an interpretation of the tragic racial conflict which occurred at Columbia, Tennessee, during the last week of February, 1946. It is based on: (1) Personal interviews which were made by Southern Regional Council staff members one day, one week, and one month respectively after the disturbance took place; (2) On-the-spot news stories and other news accounts, published in white and Negro newspapers; (3) Confidential discussions with news men who covered the incident. Our investigators interviewed dozens of people, including white and Negro participants in the affair. We made our findings available to the Department of Justice early in April.

In spite of careful checking and re-checking, this report may contain some minor factual errors, but we believe that it is a fair statement of fact and interpretation.

We believe that agencies interested in human rights have a moral obligation to be fair and accurate in reporting incidents of this kind. Otherwise they encourage the very thing they are supposed to combat — intolerance. The *truth* about Columbia is bad enough!

The National Association for the Advancement of Colored People is the agency in charge of the legal defense of the Negro defendants at Columbia. Contributions to its legal defense fund should be sent to the N. A. A. C. P. at 69 Fifth Avenue, New York. Any contributions for this purpose which come to the Southern Regional Council will be transmitted to the N. A. A. C. P.

Background

COLUMBIA, Tennessee, is a fairly typical Southern community. It is the county seat of Maury County, which is located in the south central part of the state. The population of Maury County is about 40,000 people, of whom 12,000 are Negroes. Columbia has about 12,000 people—9,000 whites and 3,000 Negroes.

Columbia is a rather attractive and prosperous town. It has several industries which employ both whites and Negroes. It is surrounded by good farming and pasture land, but this is rimmed by an area of poor farm land comprising about one-third of the area of the county and populated largely by underprivileged white farmers. This fact has a bearing on the apparent feeling of the outlying rural white people toward the townspeople in general and toward the relatively prosperous Negro business group at Columbia in particular. The poorer white farmers complain that "there are Negroes on the streets drawing $20 a week unemployment compensation, and that's more than a man can make working hard on a farm." Other white people complain here, as elsewhere, about the shortage of Negro domestics.

Maury County has had two lynchings in the past twenty years. In 1927 a Negro was lynched in front of the courthouse at Columbia after a prominent white citizen, now dead, had risked his life in an effort to halt the mob. The Negro was accused of assaulting a white woman. In 1933 a 17-year-old Negro boy, Cordie Cheek, was accused of attacking a white

woman. A Grand Jury met but brought no indictment, and the boy was released. His life being in danger, he was taken to the home of an uncle in Nashville. He was abducted from his uncle's home by a band of white men, was taken back to Maury County, and hanged on the Columbia-Lewisburg road in the presence of a large mob of spectators.

These facts are important as a background for the tragic incidents which began at Columbia on February 25, 1946. However, they do not mean that Columbia is unique. What happened at Columbia could happen in many another Southern town—and **will** happen unless responsible white and Negro leaders get together in a spirit of honesty and common sense and work out methods of preventing such outbreaks.

What Happened

How It Started

Late in the morning of February 25 a Negro woman, Mrs. Gladys Stephenson, accompanied by her son, James, went to the radio section of a local store, a branch of the Castner-Knott Company of Nashville. She wanted to see William Fleming, white radio repair man, about a radio which she had left there for repair.

There had already been a misunderstanding because when the radio was originally brought in by a younger son, a message through him concerning the repairs and cost was inaccurately relayed to his mother. She left the radio in the shop for about two months and Fleming sold it. She now demanded the radio so Fleming sent out for it and offered it to her. Bitter words passed and Fleming ordered the Stephensons out.

On the way out, young Stephenson said to a customer who was bringing a radio in for repair, "If you don't want that radio torn up or sold, you had better take it somewhere else." Fleming cursed the Negroes and followed them down the stairs. The Stephensons say that Fleming struck Mrs. Stephenson, Fleming says he did not. At any rate, as they approached the street door a scuffle started and Fleming either fell or was pushed through a plate glass window.

The fighting continued briefly on the outside. A small crowd gathered at once and a white man struck Mrs. Stephenson as she was about to strike Fleming with a piece of glass. A policeman who was nearby rushed up, followed by the Chief of Police who was on the street. They arrested the Stephensons. According to the Chief, it was necessary to use some force because "they resisted as any angry person would." The Stephensons were taken to the jail, and Fleming, who got a deep cut in his leg when he went through the window, was taken to the hospital.

Both of the men involved in this episode were veterans. William Fleming, the white man, had recently been discharged from the Army. James Stephenson, the Negro man, had recently been discharged from the Navy.

The Crowd: A Mob in the Making

It is probably true that this incident would have caused only passing excitement had it not been for the fact that the Fleming family is rather numerous in Maury County. William Fleming's father was a veteran of World War I, and it is said that seven Fleming sons served in World War II. Flo Fleming, a Navy veteran and brother of William Fleming, had recently won the Democratic nomination for sheriff of Maury County by a very narrow margin—12 votes—largely on the strength of being a veteran. Because the family symbolized the "tough" country stock, the news about the fight in Columbia created more than usual interest among the relatives and friends of the Flemings in the outlying communities, particularly in Culleoka, where Fleming's father lives. Early in the afternoon, cars carrying white men from the rural sections of the County began arriving in Columbia.

Other persons who normally would have gone home late in the afternoon stayed around to see what was going to happen. Groups of men—altogether 75 to 100 persons—loitered around the court house square, and there was talk of lynching the Stephensons. Some of the men had guns on their persons or in their cars. After dark, some of these men, a little the worse for drink, cruised around in their cars and fired some shots to frighten the Negroes.

Sheriff J. J. Underwood realized that there might be violence. Early in the afternoon, after talking with Julius Blair, elderly and highly respected Negro business man, the sheriff released the Stephensons on a bond signed by Blair and advised Blair to get the Stephensons out of town. James Stephenson was taken safely to Nashville but his mother hid out in Columbia.

In mid-afternoon Flo Fleming, sheriff-elect and brother of William Fleming who was involved in the original episode, talked to the milling crowd of white men, urging them to go home and not make any trouble. This seemed to ease the situation temporarily.

Later in the afternoon a group of about 35 whites, mostly youngsters, went to the jail, kicked on the door and told the sheriff they would like to have the Stephensons. The sheriff pointed a tommy-gun at them, told them he would shoot the first man who tried to come in, and that the prisoners were not there anyway. The crowd left the jail, and two of the men who were particularly drunk and noisy were arrested.

It is significant that the groups of white people who milled around the square were not organized and never reached the hell-bent mob stage.

The Negroes' Fear

The Negroes of Columbia had not forgotten the horrors of previous lynchings. When they saw the crowd of white men gathering, they were fearful of a lynching or a riot. Those who were aware of the situation went home early and prepared to face the worst.

Columbia has several Negro areas. The business area, sometimes called by the unattractive name of Mink Slide, lies in a hollow only a stone's throw from the courthouse square. In this area groups of Negroes gathered to discuss the impending crisis and what they might do in case of attack. Some of the Negroes brought their guns and declared that they would defend their businesses and homes to the last.

Their numbers were augmented by arrivals from the country. Several Negroes had passed the word along to rural friends: "Tell everybody you see there's supposed to be a lynching in Columbia. Tell them to come prepared. We may need a little help."

A few Negroes cruised around in their cars to see what was going on. In one car police spotted a high-powered rifle and took charge of it.

Sheriff Underwood knew that a considerable crowd of Negroes had collected in Mink Slide, and late in the afternoon he decided to go there to talk with them. He drove to Mink Slide in his car, got out, and walked up to a group of about 100 people. He said, in effect, "Let's not have any trouble. We're going to keep things under control and if you will all just go on home, there's not going to be any trouble here." Some of the Negroes said, "The Sheriff is right. The best thing to do is to go home." Others said, "Sheriff, how do we know what that crowd of white people up there is going to do? We're going to stay right here as long as they're up there around the courthouse." The sheriff was alarmed by this attitude and by the weapons he saw, so he called the Governor and asked for 15 or 20 State Highway Patrolmen.

As darkness came on, the Negroes turned out the lights in the Mink Slide area. Figuring that the street lights might assist their potential attackers, they proceeded to shoot out the lights in the immediate vicinity.

The Crucial Point

Early in the evening the Chief of Police, J. Walter Griffin, decided to go to Mink Slide and see what was going on there. He took with him three patrolmen who were the entire night force of Columbia. As they entered the Negro business area in the darkness, they were fired upon. All four were hit and one was seriously wounded.

Some of the Negroes left Mink Slide immediately after this incident. One Negro taxi driver took ten or more persons to the edge of town.

After this unfortunate turn of events, Sheriff Underwood feared that wide-scale rioting would break out. He called Governor McCord and asked for more help. Groups of State Highway Patrolmen entered Columbia between 10 P. M. and midnight, followed later by units of the State Guard under the command of General J. M. Dickinson, Jr.

Unfortunate Incident

Later in the night a newspaper man, who was in Columbia to cover the situation, telephoned A. J. Morton, elderly Negro undertaker, and asked for a statement. Morton told him he had nothing to say. Against the advice of other newsmen, the reporter slipped down to Morton's home. On learning this, several Patrolmen followed and entered Morton's home. They asked, "Who lives here?" Morton replied that his family lived there. The Patrolmen looked into other rooms and found several other Negroes, some of them with guns. (Morton had simply permitted several people to come in from the street and rest. He had asked them to lay their guns aside.) Twelve persons, including Morton, were arrested at once and taken to jail. This incident heightened the growing feeling of the officials that a "conspiracy" was afoot.

The State Patrol Closes In

There were conferences between the local officials, General Dickinson and Lynn Bomar, Chief of the Highway Patrol. They felt that the main problem was to disarm and arrest the Negroes who were gathered in Mink Slide. General Dickinson said that he thought the State Guard could handle the situation by using tear gas and avoid any shooting. Bomar insisted that the State Patrol should handle the job. The State Patrol surrounded Mink Slide and at dawn closed in on the business area, calling to the Negroes to surrender. Some of the Negroes began firing, and after this bedlam broke out. The Patrolmen began firing indiscriminately into the buildings. The Negroes surrendered almost immediately. The atmosphere was one of fear, anger, and hysteria. There was a general melee of clubbing, kicking, and shoving as the Negroes were lined up for the March to the jail. About sixty persons were arrested at this time. Surprisingly enough, no one was killed in this encounter, but several Negroes were seriously injured and several Patrolmen received minor injuries.

The undertaker's establishment, the barber shop, the dance hall and other places were completely wrecked. Angry and excited members of the State Patrol went through the buildings ruthlessly destroying the furnishings and equipment. White hangers-on, in no way restrained by the State Patrol, added to the destruction.

A considerable quantity of guns and ammunition was confiscated in Mink Slide. Later there was systematic searching for firearms in the homes of Negroes and a few of the white people on the streets were disarmed. In all, some 400 weapons were confiscated and stacked in the county jail.

Calm After the Storm

After this violent episode there was calm in Columbia, at least outwardly. The Chief of Police drove through the Negro area telling the residents by means of a loud speaker that everything was all right and they had nothing to fear. The State Guard, several hundred strong, remained on duty and many people went about their business as usual. Additional arrests were made and questioning of the arrested Negroes was begun by a group composed of local officials and representatives of the State Patrol and the State Guard.

Maurice Weaver, white attorney of Chattanooga, who was employed by the National Association for the Advancement of Colored People to represent the legal interests of the Negroes, arrived in Columbia early in the morning of February 27. He asked permission to see the prisoners to inform them that they did not have to make any statements unless they wished and to arrange bail for the prisoners. He was not allowed to see them at this time but was told that most of the prisoners would probably be released on bail as soon as the inquiry group had completed its preliminary questioning. Soon after Weaver departed, Julius Blair, elderly and respected local Negro who had accompanied him in his visit to the courthouse, was arrested.

Within the next few days about two-thirds of the prisoners were released on bail. Most of the bonds were signed by Julius Blair and other local Negro business men, a few by a local white attorney.

Tragedy at the Jail

On the afternoon of Thursday, February 28, another tragic incident took

place. Three Negro prisoners, William Gordon, James Johnson, and Napoleon Stewart, who had been questioned by the investigating group, were brought to the office of the jail. Johnson had been told that he would be released on a $250.00 bond. Deputies R. T. Darnell and Ed. Pennington and John Morgan, *Nashville Banner* photographer, were in the room with these three prisoners. Three stacks of confiscated weapons were also in the room. While Pennington was lounging on a bed and Darnell was talking on the telephone, Gordon in some manner loaded a gun, or found one already loaded, from the stack of weapons near his chair, and fired at Darnell, hitting him in the arm. Several Patrolmen who had just left this room to go to the conference room, rushed back in, firing as they entered. Gordon and Johnson were both mortally wounded and died en route to a Nashville hospital.

After this incident, the officials in charge took the precaution of transporting 42 of the prisoners under heavy guard to Nashville for safe-keeping.

Later Developments

In all, slightly more than 100 Negroes and four or five whites were arrested. As the investigating group proceeded with its questioning, it released some persons outright and held others on charges ranging from carrying concealed weapons to attempted murder. On March 7, Sheriff Underwood announced that all Negroes who had been arrested had been released, either outright or on bail.

The Maury County Grand Jury, which was in session at the time of these incidents, began its investigations about March 20. On March 22, it was reported that forty persons (36 Negroes and 4 whites) had been indicted. Twenty-six of the Negroes were charged with "attempted murder in the first degree."

On March 21, Attorney General Tom Clark announced that he had instructed the United States Attorney at Columbia to ask the District Court to convene a federal grand jury as soon as possible in order to determine whether civil rights had been violated. This action is very desirable. It can do much to clear up the emotion and misinformation which have surrounded this whole affair*.

Comments

The Columbia affair was not a race riot in the usual sense. White people, largely from outlying areas in Maury County, gathered in the court house area of Columbia after a relatively trivial incident involving a white man and two Negroes. Some of them were armed and might have attempted a lynching if they could have gotten hold of the Stephensons without too much personal danger, but they never reached the mob stage. A Negro group gathered in the Negro business area for purposes of defense in case the white people started anything. There was no actual rioting between the whites and Negroes. The local officials considered that the white people were pretty well under control, and they honestly felt that the armed Negroes who had gathered in Mink Slide were a greater potential threat to the peace than the armed whites on the court house square. Even so, they were so sure nothing was going to happen that the four policemen walked into Mink Slide in darkness without taking the proper precaution to assure their safety. This was the point at which the situation became explosive.

Plenty of mistakes were made on both sides. If the white people who gathered in Columbia had been dispersed, there would probably have been no further trouble. If the local officials had had a more effective way of communicating with the Negroes, the affair might have ended peaceably. If the Negroes who had gathered in Mink Slide had not made the mistake of firing on the policemen who went to talk to them on the night of February 25, there might have been no violence. If the State Patrol, which was called in after the policemen were fired upon, had waited until broad daylight and used more sensible methods of handling the situation, the course of events might have been much different.

We believe that Sheriff Underwood deserves some commendation for his hand-

*Since this was written, the Federal Grand Jury, meeting at Nashville, has recessed without making any indictments.

ling of the affair in its early stages. He released the Stephensons on bail and advised their bondsman, Julius Blair, to get them safely out of town. He dealt firmly with a group of white men who came to the jail and asked for the Stephensons' and arrested two of the men. He went to Mink Slide on the afternoon of February 25 and talked to the Negroes assembled there, asking them to go home and assuring them that there was not going to be any trouble. John Fleming, attorney and brother of Will Fleming who was involved in the original incident, and John Finney, local editor, who had just returned from the armed services, also deserve commendation. They went among the white people around the courthouse square on February 25 and tried to persuade them to go home. That night Finney's home was fired into, presumably by white men who resented his advice.

Unfortunately, the truth about the Columbia incident is being obscured by biased interpretations. The official version of the affair as seen in the statements made by Governor McCord and other officials is that the Negroes engaged in a "conspiracy" to commit acts of aggression against white people and particularly against officers of the law. They were even inclined to see "outside influences" aiding and abetting the "conspiracy." On the other hand, equally biased statements have been made by certain agencies which are interested in the civil rights aspect of the affair. Some of these tend to "glamorize" the Negroes who were involved by making it appear that they merely retired to their homes for defense and that they fired only after they were attacked.

The truth lies in between these extreme interpretations. We believe that although the primary responsibility for the creation of tension situations of this sort rests upon white people, the responsibility for the course of events in this particular situation, once it was created, is about equally divided between whites and Negroes.

Civil Rights

We are convinced that in the handling of the Mink Slide affair there was violation of civil rights in the following respects:

(1) **Needless destruction of property.** A certain amount of destruction was inevitable, assuming that it was necessary to close in on Mink Slide in order to disarm the Negroes, but there is no doubt that there was much needless destruction and even vandalism. We believe that much of this was done by members of the State Patrol and that some of it was perpetrated by white hangers-on.

(2) **Mistreatment of Negroes at time of arrest.** Even on the assumption that the Mink Slide raid was necessary and that it involved the use of a certain amount of force, we believe there was unnecessary roughness and brutality in the disarming and arresting of the Negroes.

(3) **Refusal to give Attorney Weaver immediate access to prisoners.** Although Mr. Weaver was permitted to see two leading Negroes, Julius Blair and James E. Morton, when he went to Columbia early in the morning of February 27, he was not permitted to see all the prisoners so that he could inform them of their legal rights, nor was he permitted to be present during the preliminary questioning and sifting of the prisoners.

(4) **Unwarranted arrests and indictments.** We believe that the arrest of respected Negro citizens like Julius Blair and James Morton was wholly unnecessary. They were not even present in Mink Slide. We believe that some of the indictments were unwarranted and that others are out of proportion to the actual offenses.

(5) **Unlawful search and seizure.** After the Mink Slide episode, the State Patrolmen searched every Negro home without warrants and seized whatever weapons they could find. In doing this they were also unnecessarily rough and discourteous toward the Negro occupants. Although they have rather wide police powers in time of disorder, it seems doubtful that the "emergency" here was grave enough to justify the wholesale searching of homes.

The killing of two Negroes at the jail on February 28 was not a "frame-up" insofar as our present evidence indicates.

Gordon, the Negro who shot at Deputy Darnell, was known to be emotionally unstable and had indicated his desperation to his friends just before he was brought into the jail office. The deputies who were present were extremely careless, since they had either left a loaded rifle on the stack of confiscated weapons near Gordon's chair or were so unobservant as to give him an opportunity to load the gun with a bullet which he had concealed on his person.

Some Lessons

The Columbia tragedy need not have happened. Even after the precipitating incident and the gathering of people in the streets there would have been good chances of preventing the outbreak of violence if certain factors in the situation had been different.

(1) Columbia had no interracial committee of any sort. In view of the record of two lynchings in Maury County in the past 20 years, it should have been an urgent matter for Columbia to have some kind of bi-racial committee. No one would contend that the mere existence of such a committee is a full guarantee against the outbreak of racial violence, but it is a well-known fact that such committees are helpful because they establish patterns of free discussion and communication between members of both races.

(2) There was a noticeable lack of the sort of courageous civic leadership which might have kept this affair from reaching the stage of violence. As we have indicated, the sheriff and a few other men made efforts to disperse the potential trouble-makers, but the ministers and other civic leaders who frequently stand out in situations of this kind seemed to have made little or no effort toward a peaceful adjustment. One minister was telephoned by a colored friend who said, "I am afraid there is going to be trouble. I hope you will go down town and help to stop it." His attitude was "I didn't think there was anything I could do about it, so I went to bed."

(3) There was a noticeable lack of clear and intelligent communication between the white and Negro leaders. In view of points (1) and (2) above, it was only natural that there were very few leaders who were in the habit of communicating and trusting one another across racial lines. Even in the mechanical sense there seems to have been no communication by telephone between the local officials and the Negro community. If the police chief had taken the simple precaution of getting word to the Negroes in Mink Slide that he was coming there in the darkness to talk to them, he and his men might not have been fired upon.

(4) There is a great need for more careful planning of the procedures to be used by local and state police in the handling of dangerous situations. We believe that if the following procedures had been observed there would have been no violence: first, disarming and dispersing the white people who had collected around the court house; second, posting guards at strategic places to preserve order; third, after daylight, using a loudspeaker to inform the Mink Slide Negroes that the whites had been dispersed and instructing the Negroes in what manner they were to come out and surrender their weapons.

What Can Be Done?

What can be done to salvage as much decency and justice as possible from the Columbia tragedy?

(1) Any fair-minded person must admit that there are some white people and some Negroes who deserve punishment under the law for what they did at Columbia. It is almost a foregone conclusion that any white offender who is tried will "get off easy." What about the Negro defendants? The eyes of the nation will be on Columbia when their trials occur.

The Columbia defendants should be given the benefit of every possible doubt as to their guilt or the gravity of their offenses. This means that some of the charges should be nol prossed and others reduced to less serious categories. The trials should be conducted so fairly that there can be no excuse for these cases becoming the subject of prolonged litigation and agitation, as happened in the notorious Scottsboro cases. A change of venue for the trials is probably highly desirable, and a jury composed of members of both races is certainly desirable.

The outcome depends largely upon the

white officials and citizens of Maury County. If justice must err, let it be on the side of leniency. Otherwise the wounds to interracial peace will be cut deeper, and they will not heal in this generation.

(2) There should be restitution for the unnecessary property damage to the Negro business houses in Mink Slide. Since much of this was done by the State Patrol, the State of Tennessee should assume the major obligation for restitution. The fair-minded people of Tennessee should not let the Governor and the Legislature forget this obligation, and they can take the lead by organizing a volunteer restoration fund.

(3) Columbia should set up a bi-racial citizens' council and let it function as a medium of honest discussion and action for the adjustment of interracial problems.

What the South Can Do

The lessons from Columbia are not for Columbia alone. The whole South should take heed. Here are some specific suggestions.

(1) Sensible people of both races should get together more frequently. The pattern has existed for many years and it is spreading, but it needs a greater impetus. Frank discussion and courageous action can save a lot of grief.

(2) The Conference of Southern Governors should take the lead by recognizing the need for intelligent action and by promoting such action. The Conference could (a) sponsor a movement for state-wide citizens' councils on human relations or cooperate more actively with existing voluntary state interracial councils; (2) initiate a series of conferences on ways of reducing race tensions in the areas where so many of them arise, particularly in public transportation and in the abuse of police power; (3) promote a Southwide movement for training state and local police in an understanding of the Negro minority and in a more intelligent exercise of the powers of law enforcement.

The Southern Regional Council, a Southwide voluntary agency whose major interest is the South's human resources, pledges its cooperation to any group, public or private, which wishes to work constructively on these problems.

Most race conflicts can be prevented or brought under control with a minimum of violence. But the remedy is not more machine guns and tear-gas.

Four More Veterans Join SRC

Dr. George S. Mitchell, director of the Veterans Services Division of SRC, this month added four more veterans to his staff. They are:

Jewel M. Tatum, of Beaumont, Texas, former corporal with 32 months in the Army, who will work to promote job-training and farm-training for veterans in Texas. Mr. Tatum is a graduate of Sam Houston College.

Frank P. Thomas, of Tuscaloosa, Alabama, publisher of the *Alabama Citizen*, who has accepted temporary work with SRC's Veterans Services Division. A Navy veteran, who attended Stillman Institute and Alabama State Teachers College, Mr. Thomas will work in Alabama.

Wesley R. Brazier, graduate of Dillard University and Atlanta University School of Social Work, Army veteran; and Theodore R. Moses, graduate of Southern Uni-

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"American Mother of 1946" Marks New Step in Negro Progress

The naming of Mrs. Emma Clarissa Clement of Louisville as the "American Mother of 1946" may be considered another step in the progress toward greater recognition of the Negro's rightful place in our national life. It is also a cause for some institutional pride in the Southern Regional Council, for one of Mrs. Clement's seven accomplished children is Dr. Rufus E. Clement, president of Atlanta University, who is a member of SRC's executive committee.

The reception by newspapers and the general public of Mrs. Clement's honor has been one of thorough approval. It could not be otherwise, because of Mrs. Clement's remarkable character and her unusual achievement in rearing a family of so many able and successful sons and daughters.

(*Continued on page* 11)

Insecurity and Ignorance Are Basic In Race Prejudice, Study Confirms

THE American Jewish Congress' Commission on Community Interrelations recently issued a preliminary report on experiments designed to uncover the basis of racial and religious prejudice. The study, conducted by Dr. Gordon W. Allport of the psychology department of Harvard University, placed greatest emphasis on attitudes toward Jews, but the findings have bearing on all classes of race or group prejudice.

The report's emphasis on the effects of insecurity point up the fact that economic conditions and consequent backgrounds of education and life-experience are basic factors in the creation of un-democratic attitudes and lead to the conclusion that higher, more stable standards of living and positive opportunities are the only fundamental remedies.

Partial Results

Partial results of the experiment reveal that:

1. Persons feeling least secure in their surroundings have the greatest amount of racial and religious prejudice;
2. Persons having the most contact with any particular group hold the least prejudice toward its members.
3. Prejudices or dislikes acquired between the ages of 2 and 11 and after 17 years of age are strongest in the minds of those studied.

Dr. Allport obtained as participants 214 elementary psychology students from Dartmouth, 166 from Harvard, and 57 from Radcliffe. In the first stage, the students were asked to fill out a chart on experiences with, and opinions concerning, minority groups. They were instructed to be "honest, straightforward, and objective" and to submit their reports unsigned.

Bigoted People

In his preliminary statement on findings, Dr. Allport commented: "I was very much impressed by the fact that the people who answered that they found the world a dangerous place were shown by their other responses to be bigoted people. . . . The way a person looks at the world is an important determinant in his attitudes. If he feels insecure, answers that 'there is not enough discipline in our American life,' has fear, he is more prejudiced. Those who are secure, feel safe, are less prejudiced.

"The bigot is shown by this study to be not awake to his environment. We found that he doesn't realize that his parents have influenced him. He replied that he was unprejudiced when there was evidence that he was prejudiced. He said that school had had no influence on him. In short, there was a drab conformity with the prejudices of the community."

Early Prejudices Strongest

Commenting on the disclosure that prejudices or dislikes acquired between the ages of 2 and 11 years and those after 17 were strongest in the minds of students, Dr. Allport said: "It is evident that it is the early prejudices that persist longest, rather than those acquired in high school years, although recent ones may be strongly impressed on the individual's consciousness."

It was found that the majority of students whose parents were both college graduates were in the group of least prejudiced. Those with one parent a college graduate were divided between the prejudiced and non-prejudiced groups.

A full report is expected before the end of the year.

Race Relations Institute Scheduled

The third annual Institute of Race Relations of the American Missionary Association will convene at Fisk University, Nashville, Tennessee, for a three-week period from July 1 to July 20.

A distinguished group of top national leaders in government, religion, social service, education, the press and radio, industry and labor, will constitute the Institute's leadership.

Application for membership may be addressed to Charles S. Johnson, Director, Institute of Race Relations, Fisk University, Nashville 8, Tennessee.

Better and Shorter Ballots For Better Elections

By Stetson Kennedy

THERE is little to be gained by making it possible for people to vote if ballots are not all honestly and correctly counted. The ideal method of balloting is by voting machines. The Southern states of North Carolina, Mississippi, South Carolina, Arkansas, and Texas do not yet have such laws. Of the seven Southern states which have permissive laws, Georgia, Virginia and Oklahoma do not actually use voting machines, and the other states only have them in use in the larger cities.

Believers-in-democracy should urge that their states not only permit the use of voting machines, but that the states also share the cost of buying enough machines to serve everybody. The cost will be more than made up by the savings and benefits which the machines will bring by making elections honest and helping to elect good officials.

Better Ballots

So long as printed ballots are in use, they should be in the best possible form. In the South two kinds of ballots are now in use. One, known as the office-type, is arranged so that all the candidates for a certain office are printed in one column, like this:

Governor
John Smith—Democrat
John Jones—Republican
John Doe—Socialist
..... (Write in)

The other kind of ballot is known as the party-type. On it the candidates are arranged in columns according to their party, instead of according to the office for which they are running. The office-type ballot is superior to the party-type, because it makes it easier to see who is running for what office, and also makes it easier to vote for the best man regardless of party. Southern states which do not yet have the office-type ballot are North Carolina, Georgia, Louisiana, Alabama, Florida, South Carolina, Texas, and Oklahoma.

Shorter Ballots

Long ballots cause delays in voting at the polls, and make it difficult for the average voter to acquaint himself with the qualifications of all the candidates. The Presidential short ballot is an improvement which puts the names of the actual Presidential candidates on the ballot instead of a whole string of electors whose intentions the people have to learn. North Carolina now leads the way as the only Southern state which has so far adopted the short Presidential ballot.

A Place to Write-In

While all Southern states have laws on the subject of write-in votes for candidates whose names are not printed on the ballot, some of these laws are faulty and ought to be improved. Mississippi allows for a write-in vote only if the regular candidate has died. Virginia discourages write-in voting by making the voter scratch out the names of all other candidates. South Carolina forbids any sort of writing on a printed ballot; in order to vote anything but a straight ticket, the voter must make out his own ballot on a sheet of blank paper. Georgia permits write-in voting, but does not provide space for it.

All ballots should provide a blank line for each office with the instructions under it "write-in."

Signed Ballot Stubs

Georgia has a law which permits each election district to decide whether or not it wants to have a ballot whose stub must be signed. This is a good system, because it makes it much more difficult and dangerous for dishonest election workers to make up fake lists; and dishonest voters are also afraid to try to vote more than once when they are required to sign each ballot stub.

(*Continued on page* 12)

A Negro Newspaper's View on Voting

OFFICIAL figures on the results of the Richmond County (Augusta, Ga.) primary election . . . which repudiated Speaker Roy Harris and his Cracker Party, which has been in power there over 20 years, disclose some interesting facts.

First, a majority of the white voters in the county voted for the Independents, thereby repudiating Roy Harris and his Cracker Party and their issue of the campaign, "white supremacy" and restoration of the white primary. This is significant in that the majority of the white people are showing they don't believe in denying the Negro the right to vote in the primary. This should be a clear notice to the rabble-rousing, race-baiting candidates of the futility of their efforts.

Second, that 1,994 Negroes voted for the Independents and 437 for the Crackers. At first it would seem that this is a small percentage out of a registration of 4,600. But the fact that several hundred Negroes who had been in line to vote long before the polls closed only to be turned away at the closing time, partly explains this. However, there has not been explained how Speaker Harris and his Cracker Party, who ran on a platform committed to disenfranchise our race, got even one Negro vote. For instance, in the Fourth Ward Harris and his ticket received 352 Negro votes as against only 221 for the Independents. It should be noted, however, it was in this ward where several hundred Negroes in all probability anti-Harris votes, were turned away at closing time of the election. But suppose the election had been closer and it would have been revealed that Harris and his party won by the margin of the Negro vote? This could have happened. Every single vote is important and every citizen must realize this. We can take no chances with our precious ballots.

We will have little choice in the next few elections. Our simple duty must be to concentrate on the best candidate or ticket to assure that a race-baiting demogogue will not slip into office through a division of the votes. This is common sense and it is a matter of self-defense.

When the race issue is gotten out of the campaigns then we can be normal citizens and consider the candidates and tickets on their merits as to political and economic principles. But until then, we have little individual choice, less we, through division, become re-enslaved politically.

Also we noticed in the Augusta election the practice of using separate voting booths for Negroes was carried out. This enabled officials to tell just how the Negroes voted. This fact may explain why the Cracker Party got some Negro votes. We happen to know that the Cracker Party cracked the whip over the head of every Negro it could reach and demanded support of their ticket. One Negro of questionable influence who was obligated to the Crackers and could not square his conscience with the idea of supporting the Crackers wanted to leave town but he was warned not to do so until after the election.

All in all, considering this election was probably the first time of voting for most of the Negro participants, we have no criticism for their conduct. And, of course, we are very gratified over the results of the election.

(*Atlanta Daily World*).

"American Mother of 1946"

(*Continued from page* 8)

Besides Dr. Rufus E. Clement, Mrs. Clement's other children are Frederick A. Clement, of West Virginia State College, now on leave to serve on a U. S. Department of Education project in Haiti; James A. Clement, former U. S. Army chaplain; George W. Clement, serving with the Red Cross in Italy; Mrs. Clarence T. Jackson, executive secretary of the Women's Home and Foreign Missionary Society of the AME Church; Mrs. J. Mack Bond, now in Haiti with her husband, who is serving there on an education project; and Mrs. Emma Clement-Walker, on the faculty of Tuskegee Institute.

Better and Shorter Ballots

(*Continued from page* 10)

Numbered Ballot Stubs

Under this improved system the ballot is torn from a numbered stub and another numbered ticket is left attached to the ballot. When the voter has finished marking his ballot (but before it goes into the box) the election official compares the number attached to it with the number on the stub, to see that it is genuine. Before being deposited in the ballot box the perforated number is torn off the ballot, so there is no way of checking up to find out how the person voted. The Southern states which do not yet have laws permitting numbered ballot stubs are North Carolina, Louisiana, South Carolina, Virginia, Mississippi, Arkansas, and Texas.

Competent Election Crews

The South's present system of hiring election crews to supervise the voting and count the votes is to select them directly by the parties or by election boards from lists drawn up by the parties. The jobs are handed out to all sorts of people, many of whom may not be capable, or may even be dishonest. Some cities and states in various parts of the country have tried to remedy this situation. One method has been to have the state civil service board get together lists of people who are capable of working on election crews, and hiring from that list.

Dr. Ira DeA. Reid, research consultant of the Southern Regional Council and chairman of the sociology department of Atlanta University, has been appointed New York University's first visiting professor of Negro culture and education. Dr. Ernest O. Melby, dean of N. Y. U. School of Education, who announced the appointment, said Dr. Reid will be the first Negro to hold a full-time professorship at the university.

Four More Veterans Join SRC

(*Continued from page* 8)

versity, formerly in the Marine Corps. Both live in New Orleans, both have teaching or group training experience; and both saw service overseas. Like Mr. Thomas, Mr. Brazier and Mr. Moses are on temporary assignment.

Florida Division of SRC Meets In Tampa for Organization

The recently established Florida Division of the Southern Regional Council held its organization meeting in Tampa last month to elect officers and frame plans for its activities. Almost 100 delegates from throughout the state attended.

Edgar W. Ray, managing editor of the *Tampa Daily Times,* was elected chairman. The Rt. Rev. John D. Wing, Orlando, bishop of the Episcopal Diocese of South Florida, had previously served as chairman of the old Interracial Commission which the new organization replaces. Other officers elected were: Mrs. Israel Kaplan, Jacksonville, vice-chairman; Dr. William H. Gray, president of Florida A. and M. College, second vice-chairman; Mrs. Warren Zeuch, Vero Beach, secretary-treasurer.

Dr. Guy B. Johnson, executive director of SRC, spoke at the meeting, which completed the organization of the state division of the Southern Regional Council.

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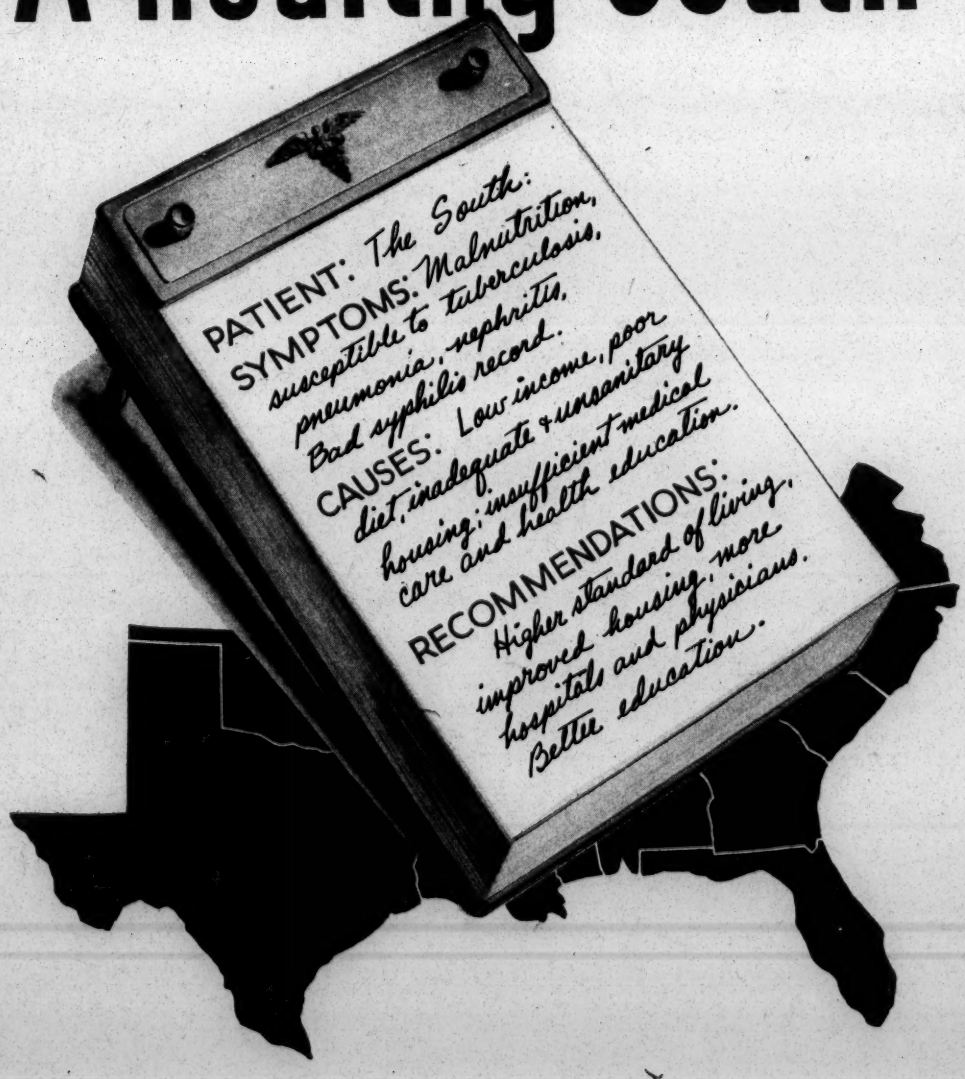
To attain through research and action programs the ideals and practices of equal opportunity for all peoples in the region.

Wanted:
A Healthy South


PATIENT: The South:
SYMPTOMS: Malnutrition, susceptible to tuberculosis, pneumonia, nephritis. Bad syphilis record.
CAUSES: Low income, poor diet, inadequate & unsanitary housing; insufficient medical care and health education.
RECOMMENDATIONS:
Higher standard of living, improved housing, more hospitals and physicians. Better education.

No. 6

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Wanted:

A Healthy South

By Dorothy Dickens

Head of Home Economics Research

Mississippi Agricultural Experiment Station

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Health Is Wealth

The South's Future Is in Its People

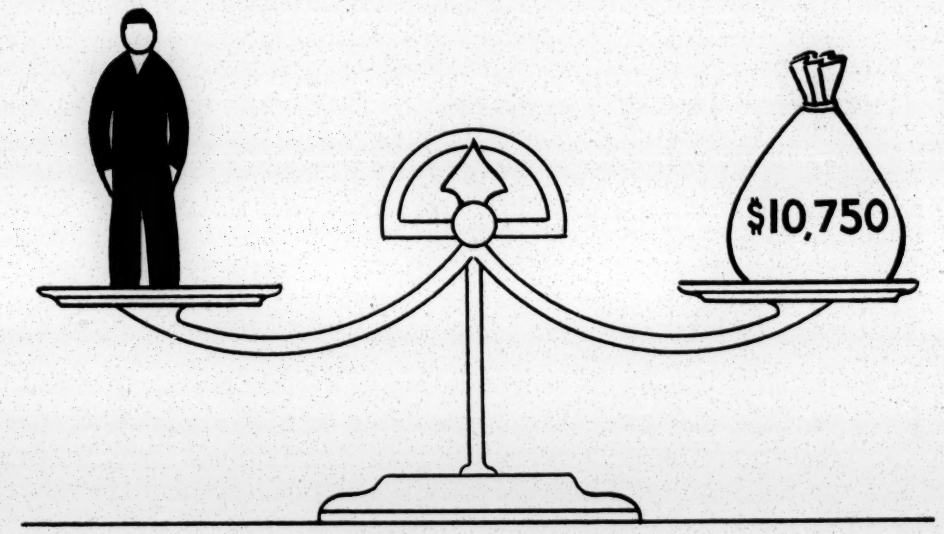
THE SOUTH is now looking forward to a great economic expansion that will raise living standards and make possible the development of a better life for all Southerners. Sometimes, in fact, we think so much in terms of this economic development that we tend to forget what it is for: we think of factories, modern farms, greater profits and higher wages. But all these things—economic prosperity itself—have no meaning except in terms of people: unless the South's development serves the well-being of all our people it is useless. Prosperity, if it is to mean anything, must bring to every man, woman and child of the South the things that make the good life possible: better jobs, higher incomes, security, a good home, a thorough education, good health.

This last gain—good health—is a real problem in the South of today, and it is important in two main ways: we need good health for all our people so they can help to work and build the better South we want; and we need the better South, and the higher incomes that go with it, in order to get better health.

Nobody — not even the most wooden-headed champions of the as-is South—would try to tell us that good health is a bad thing, or that bad health is a good thing. Everybody is for good health. It's another story, however, when we try to do something about it—if we try to get a Federal health bill to take care of everybody, if we try to set up in our own state a health program that will do the job, or if we try to work out a better program on the county or city level. Then somebody starts worrying about how much it will cost.

Health Is "Practical"

How anyone can decide for or against good health on the basis of what it costs is hard to understand. Everybody knows that his own good health is probably the most important thing in his life. And if he thinks it all the way through he knows that his own health is tied



In terms of economic usefulness alone, it is estimated that a man 24 years old with an income of $1,000 a year is worth $10,750.

to the health of his community. Germs have a way of getting around. Besides, nothing in this world counts but people; if we know that, then we want good health for everybody, so everybody can enjoy a full life and do his part in the work of the world.

But there is an answer even for these "practical" people who ask about the cost: Instead of worrying about how much *good* health costs, let's think about how much *poor* health costs.. Let's be "practical," hard-boiled, and think in terms of money, just for a moment. Let's think of the Nation as a factory that produces men and women. The South is a very important branch of this factory: from 1930 to 1940 the Southeast alone contributed more than 30 per cent of the Nation's increase in population, and the Southwest contributed 7.9 per cent more of the Nation's total gain; the entire South, in other words, supplied almost 40 percent of the United States' population increase in that ten-year span.* So the South is a big branch of this factory that produces men and women. But sometimes costs in this Southern factory have been reduced too low to permit the production of top-quality men and women; in many instances we have produced "seconds."

*See *Wanted: The South's Future for the Nation* (Southern Regional Council, Inc., 1946) p. 24.

What Is a Man Worth?

What is a man or a woman worth to the South? That is an outrageous question to most of us who believe in Democracy, for we know that a man or a woman is in the best sense worth more than all the money in the world. But this question can be answered even for "practical" people. Part of the answer is: What has gone into the production of that man or woman? A good home? A proper education? Trained medical care? A good, balanced diet? Or was it a poor home, little schooling, poor medical care or none at all, and "meat, meal, molasses"?

The South's wealth, as well as the Nation's wealth, depends upon the labor and productive work of all the people. Just as poverty has injured the health of the South, so has poor health retarded the South's growth to prosperity. When producers die before their time, money as well as life is lost; the earlier the death, the greater the financial loss. Louis I. Dublin, of the Metropolitan Life Insurance Company, has estimated what men of different ages and incomes are worth, in terms of money. For instance, he estimates that a man 24 years old, with an income of $1,000 a year—at the age of his maximum earning capacity—is worth $10,750. From a simple figure like this we can see that the many deaths caused by disease—tuberculosis, for example—have cost the South hundreds of thousands of dollars. That's just in terms of money. What it has cost us in terms of lost abilities, personalities, hopes and dreams can never be told.

In other words, without even counting the more important human values, the South pays the cost of poor health indirectly in the loss of manpower and productive human efficiency; and it also pays—directly—through relief and welfare programs to aid the victims of poor health.

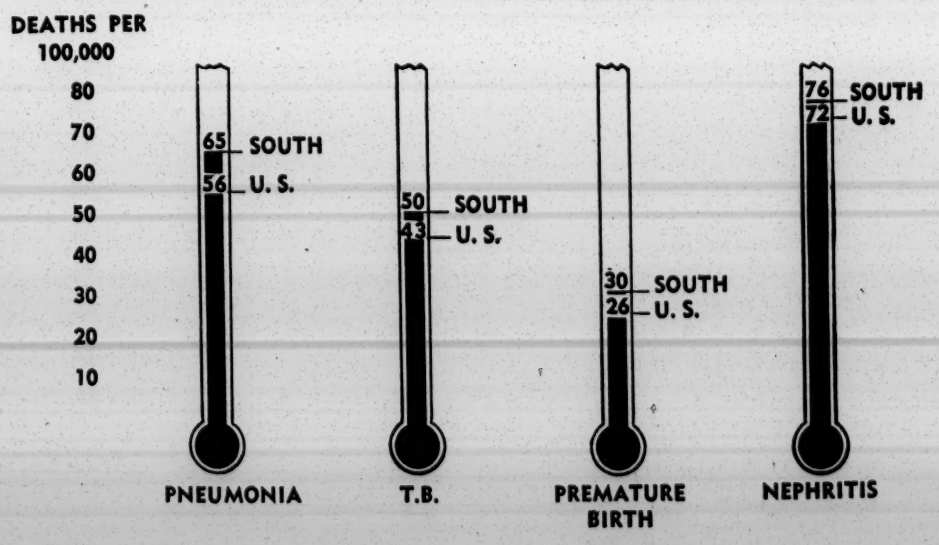
So let's face the cost—especially the human cost—of poor health in the South. Let's study the doctor's report on Mr. and Mrs. Average Southerner, learn what treatment they need, and what can be done about it.

Statistics Are People

A Look at the South's Health Record

FIFTEEN YEARS ago the South's death rate was higher than the national average. Today it is lower. So, in a way, we might say that the health of the South is much better. But there are other measurements of health, besides the over-all death rate, that show the health of our region to be worse than the Nation as a whole. When we break down the death rate into causes of death we find serious shortcomings in the South's health.

For instance, infant deaths and deaths caused by pregnancy and childbirth in the South are higher than the rate for the Nation. Forty-two per cent of the 7,267 women who died in the United States in 1942 from causes directly due to pregnancy and childbirth were Southerners. If we study the figures on the ten leading causes of death in the United States we find that death from syphilis, tuberculosis, pneumonia and influenza, nephritis (kidney disease) and premature birth were higher in the South than in the Nation as a whole.



Living in the country doesn't guarantee good health. Selective Service records of 18-year-olds show more farm boys were rejected for physical defects than city boys.

There are two other causes of death common to the South which are not among the chief causes but are important because of their dominance in our region; they are pellagra and malaria. In 1942, of the 1,513 deaths from pellagra in the United States, 1,373 occurred in the 13 Southern states; and of the 861 deaths from malaria, 761 occurred in the South.

Deaths from diseases of the heart, cancer, intracranial lesions and diabetes were lower in the South than in the Nation. This does not necessarily mean that Southerners are less susceptible to these diseases; it may only mean that Southerners die of the region's more predominant diseases before they contract the others.

Certain diseases are more common in specific occupational and social groups. Since the South has a very large farm population, as well as a very large Negro population, we would be wise to give special study to these groups, especially since both suffer a large part of the burden of the South's poor health. Perhaps, by studying these two groups closely, we can mark the main causes of the South's high death rates, and then lay plans for improving their health; and thus, in turn, improve the health of the South as a whole.

Is the Farmer Healthy?

Some people believe that just living in the country makes better health, but it really depends on *how* you live in the country, whether you have a decent standard of living, good diet, proper medical care. The reports of Selective Service examinations of 18-year-olds show that more farm boys were rejected for physical defects than boys

from any other groups. In fact, their rejection rate was so high it could be compared only with the conditions of emergency relief workers.

Maternal and infant death rates are highest in most rural areas. By rural areas we mean not only farm sections but also small towns, which often have worse health conditions than the farm districts. In fact, infant mortality rates for both whites and Negroes are highest in our small towns.

There is much that can be done to change this, because the diseases that medical science is best able to control and prevent are the ones that are highest in rural areas. Death rates for typhoid fever, diphtheria, malaria and pellagra are much higher in rural areas. Pneumonia takes a higher toll in the country and the small towns than it does in larger cities.

Is the Negro Healthy?

It is almost impossible to discuss any problem of the South without comparing the facts and figures on the white and Negro groups.

INFANT MORTALITY RATE PER 1,000 LIVE BIRTHS (1942)

STATE	DEATH RATE
Alabama	50.1
Arkansas	39.7
Florida	47.7
Georgia	49.3
Kentucky	48.4
Louisiana	48.2
Mississippi	47.3
North Carolina	48.3
Oklahoma	41.4
South Carolina	58.7
Tennessee	46.4
Texas	53.6
Virginia	52.5
United States	40.4

MATERNAL DEATH RATE PER 1000 LIVE BIRTHS (1942)

STATE	DEATH RATE	
	White	Negro
Alabama	2.1	5.4
Arkansas	2.7	6.9
Florida	2.5	8.0
Georgia	3.2	5.8
Kentucky	2.4	7.7
Louisiana	3.0	4.2
Mississippi	3.1	5.5
North Carolina	2.8	4.9
South Carolina	3.8	7.1
Tennessee	2.6	5.2
Virginia	2.3	6.1
Oklahoma	2.7	6.7
Texas	2.5	6.6

INFANT MORTALITY RATES OF WHITES AND NEGROES IN 13 SOUTHERN STATES (1942)

STATE		DEATH RATE 1942
Alabama	White	42
	Negro	64
Arkansas	White	38
	Negro	46
Florida	White	39
	Negro	71
Georgia	White	39
	Negro	67
Kentucky	White	47
	Negro	74
Louisiana	White	37
	Negro	66
Mississippi	White	39
	Negro	54
North Carolina	White	41
	Negro	64
South Carolina	White	44
	Negro	76
Tennessee	White	44
	Negro	60
Virginia	White	44
	Negro	77
Oklahoma	White	39
	Negro	73
Texas	White	52
	Negro	66

For example: the 1942 death rate for whites in the 13 Southern states was 19 per cent *below* the national average, but the death rate for Southern Negroes was 18 per cent *above* the average. Estimates made from the 1940 population census show that white people have on the average a life expectancy 11 years longer than Negro people.

Infant death rates for 1942 show the same trend: the rate for Negroes was about 57 per cent higher than it was for whites. About 30 per cent of the births in the South in 1942 were Negro, but some 50 per cent of the maternal deaths occurred among Negro mothers. The Negro mother is more liable to death from causes directly due to pregnancy and childbirth than is the white mother.

In fact, if we check the comparison in the leading causes of death for 1942 we find that in the South syphilis, tuberculosis, pneumonia and influenza, nephritis and premature birth caused a greater proportion of deaths among Negroes than among whites. This was especially true of syphilis, tuberculosis and pneumonia.

Let's run over a few more facts on this:

Tuberculosis in the South in 1942 killed three times as many Negroes, in proportion, as it did whites. Selective Service records show that a greater percentage of Negro draftees were rejected for tuberculosis than white draftees.

Pneumonia and influenza killed proportionately three times as many Negroes as whites in the South in 1942. Death from pellagra and malaria was more common among Negroes than whites.

Syphilis killed about seven times as many Negroes as it did whites in the South in 1942. Selective service records from 12 of the 13 Southern states (Kentucky did not keep separate figures for each race) show this: 39 out of every 1,000 white draftees were rejected for syphilis; 294 out of every 1,000 Negro draftees were rejected for syphilis. And syphilis causes a rise in the rates of stillbirths, premature births, infant mortality and heart disease.

The rates for all of the leading causes of death, except cancer and diabetes, were in 1942 higher for the Southern Negro than for the Southern white. This is not merely a problem for the Negro; it is a problem for all of us in the South, for every community in the region.

Sick Man, Poor Man

Poverty, Ignorance, and Disease

NOW, THE doctor has examined Mr. and Mrs. Average Southerner, white and colored: his report is not so good. The record is especially bad in what are called the preventable diseases, those that medical science has learned to control, prevent or cure. Why is this so? If these diseases can be prevented, why aren't they?

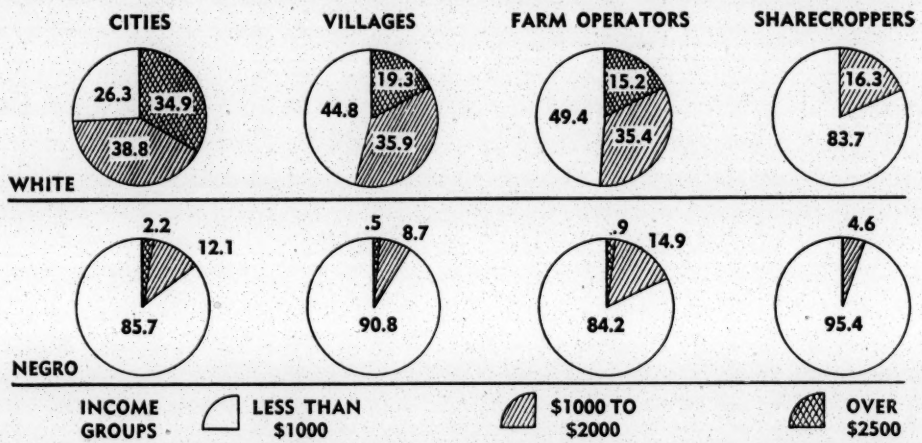
That brings us to some of the causes, direct and indirect, of the South's poor health record. It also brings us back to what we said at the outset about the economic development and prosperity of the South — for the benefit of *all* our people. For the cause of most of this record of sickness and death can be summed up in one simple sentence:

Disease walks with poverty.

One of the biggest factors in the poor health of Southern rural people, white and colored, is a low standard of living: not enough money for proper medical care, for a balanced diet, for decent housing. In short, the South is poor, and so our people are not as healthy as people in the rest of the Nation, not as healthy as they could and should be.

Not Enough Money

The Consumer Purchases Study, a nation-wide survey of family living in 1935-36, gives a good idea of just how low this income is. (Incomes are higher today than they were then, but so are prices and the general cost of living, and the margin of income above bare subsistence expenses is still not very much for these people.) Here is what the study showed up in the South: among whites, 26 per cent of city families, 45 per cent of small town families, 49 per cent of farm operator families and 84 per cent of sharecropper families had a living worth less than $1,000 a year; among Negroes, 86 per cent of city families, 91 per cent of small town families, 84 per cent of farm-operator families, 96 per cent of share-cropper families had less than



The low incomes of most Southern people are a direct cause of serious health problems. This chart shows that small town and farm people, especially Negroes, do not earn enough to afford the standard of living required for good health.

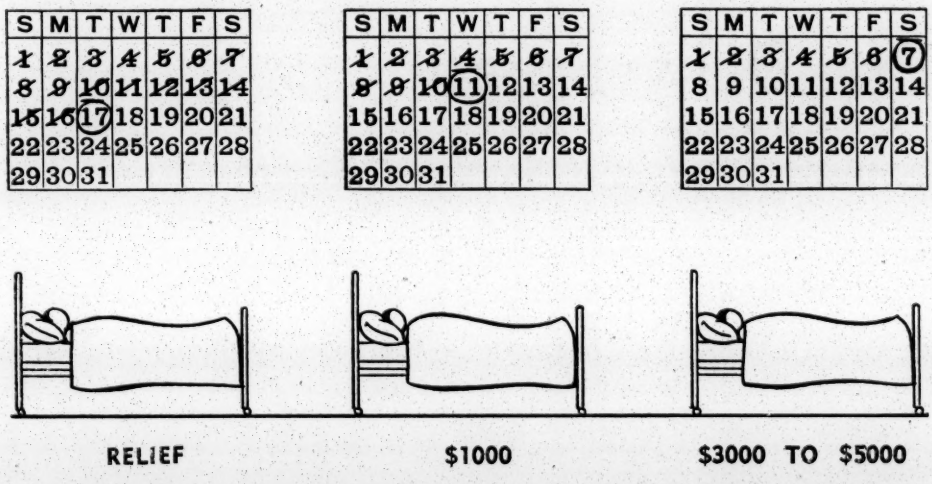
$1,000 a year. These figures included not only cash income, but also the value of home-produced food and fuel and the rental value of housing.

So we see that Negro families and sharecropper families (both white and colored) stand far too low in income to maintain a proper standard of living. What makes this even more serious is the fact that low-income families are sick more often than families with higher incomes. The National Health Survey made in 1935-36 showed that families on relief averaged 17.4 days of sickness (for each member of the family) in one year, families not on relief, but with incomes under $1,000 a year, lost 10.9 days of sickness per family-member per year; but in families with incomes of $3,000 to $5,000 a year the average time lost by each member of the family because of sickness was only 6.5 days a year.

PERCENTAGE DISTRIBUTION BY INCOME OF GENERAL POPULATION AND SYPHILIS POPULATION IN WASHINGTON, D. C., 1939*

	WHITE		NEGRO	
Annual Income	General Population	Syphilis Population	General Population	Syphilis Population
Under $1000	18.6	43.0	77.7	86.6
$1000-2999	65.7	45.0	21.6	13.0
Over $3000	15.7	12.0	.7	.4
Total	100.0	100.0	100.0	100.0

*Syphilis in the Negro. H. H. Hazen. U. S. Public Health Service Supplement No. 15 to Venereal Disease Information, p. VIII.



The people who can least afford it are the ones who are ill most often and for the longest periods. Here are the facts from a survey made in 1935-36, showing the number of days lost in a year by each member of the average family in three different economic groups. People on relief, with poor diets and little money for treatment were sick an average of 17 days out of the year, compared to seven days for people with incomes from $3,000 to $5,000 a year.

Thus, the people with the lowest incomes, who can least afford to lose time from work, actually lose more days out because of sickness than any others; and they lose this valuable time partly because they do not earn enough to afford a standard of living that helps guard against sickness.

Ignorance also walks with poverty, and disease walks with ignorance, too: in fact, the three go together. A study of syphilis and gonorrhea rates in Washington, D. C., in 1939 makes this clear. The rate for these diseases for people with incomes of less than $1,000 a year was 34.6 per 1,000 population, compared to only 6.4 per 1,000 for those in the $1,000 to $3,000 a year group and 4.7 for those earning over $3,000. There was an extremely high rate of syphilis in the low income-groups for white and Negro. For instance, the under-$1,000 group made up only 18.6 per cent of the white population and yet it made up 43 per cent of the white syphilis cases; the under-$1,000 group made up 77.7 per cent of the total Negro population and contributed 86.6 per cent of Negro syphilis cases. In higher income groups, white and Negro, the conditions were reversed. Both Negroes and white persons in the higher income groups had much lower syphilis and other disease rates.

Our Daily Bread

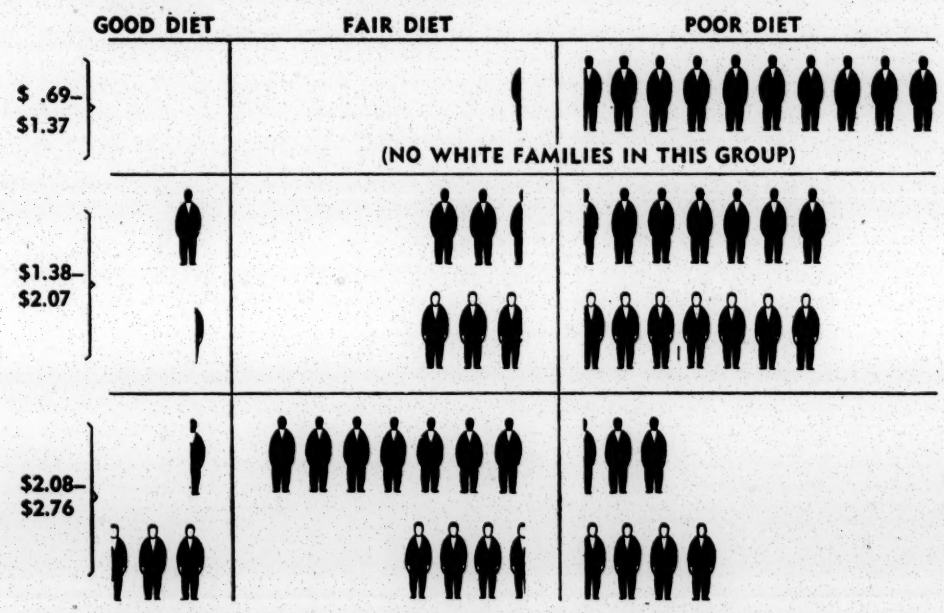
Southern Food and Southern Health

LOW INCOME, then, seems to be the main cause of poor health in the South, as anywhere else, because it is the barrier to the basic things needed for good health. No other factor among these things has so great an effect as the food we eat. Studies of food consumption made by the Consumer Purchases Study showed that the typical Southerner's diet is worse than that of the rest of the people of the Nation. In this study, diets were rated as "good," "fair" and "poor." In the study, the diets of 30 per cent of the families of the Southeast were scored as fair; 45 per cent of the family diets in the North and West were fair. The diets of 30 per cent of families in all these areas were rated good or excellent. But a rating of poor was given to 40 per cent of Southeastern families, compared with only 25 per cent with poor diets in the North and West.

Now, what groups in the South have the poor diets? Negroes, share-croppers and unskilled workers—groups with the lowest incomes. The study showed that there were almost twice as many Negro families as white families with poor diets. (Broken families, very large families, and families on relief were not included in this study.) The statistics suggest that many Negroes and a number of whites in the South are suffering from malnutrition.

Good Food and Health

Medical studies have shown the bad effects of poor diet. We saw how infant and maternal death rates are higher in the South than anywhere else in the Nation. Poor diet has much to do with this. Dr. F. F. Tisdall in the January, 1945, issue of the *Milbank Memorial Fund Quarterly* reported a study that drives this fact home. The study included 210 pregnant women, all of whom had been on poor diets up to the time of pregnancy. Ninety women in the group were given additional foods, including daily allotments of an egg, 30 ounces of milk, an ounce of cheese, 4½ ounces of tomatoes, an orange, a half-ounce of wheat germ plus some vitamin D. The other women were



Education is a factor in good diet, but here we see that the amount of money spent for food has a direct bearing on it too. The figures on the left show the range of the cost of food eaten by each member of the average family in a week. It shows that the more money people can afford to spend for food the better their diet will be. Note that in the middle group more Negroes than whites had good diets and that in the high-expenditure group more Negroes than whites had fair diets.

continued on their poor diets. (None of them at any time showed signs of any deficiency disease.)

Now, of the 120 women who stayed on the poor diet, seven had miscarriages, four stillbirths, and nine premature births. For the 90 who received additional foods, there were no miscarriages or stillbirths and only two premature births.

The pre-natal rating by the obstetrician showed that 26 per cent of the women in the poor-diet group had a bad record as compared to only nine per cent when the diet was improved. In convalescence their records followed a similar pattern: 11.5 per cent had a poor record, compared to only 3.5 per cent when the diet was improved. Fourteen per cent of the babies borne by the poorly-fed mothers showed a bad record during the first two weeks, but none of the babies borne by the well-fed mothers showed a poor record. So far as could be determined the babies in both groups received the same care after they left the hospital, but in the first six months three babies from the poor-diet group died, one of prematurity, two of pneumonia. The babies of the poorly-fed mothers had a greater proportion of each of the principal illnesses that occur during the first six months of life.

Vitamins versus Germs

And what can be said of the relation of poor diet to tuberculosis, pneumonia and nephritis? Studies show that poor diets may account, at least in part, for lower resistance to these diseases. One such study, by Dr. Elizabeth Chant Robertson, tested rats from the same litter by separating them into two groups. One group received a diet lacking the food substances to be tested; the other group received the same diet, but plus the missing element. After the rats lived on these diets for a time they were infected with disease organisms and the number of survivors was noted. When the diet lacked vitamin A, only 40 per cent of the rats survived the disease; 79 per cent of the rats on adequate diet survived. When the B complex element was reduced, only 20 per cent survived, compared to 72 per cent of those with sufficient B complex. A shortage of minerals and animal protein showed similar results.

The effect of diet in some diseases may not be clearcut, but in pellagra, a nutritional deficiency disease caused by a shortage of niacin, it is very plain. Now, we have seen that most of the national total of deaths from pellagra are confined to the South, but death rates do not really give a complete indication of the number of people who suffer from pellagra or "near pellagra." In fact, pellagra is not a disease that generally causes acute illness or death; probably only 15 percent of the people who have pellagra ever consult a doctor about their condition; and many do not even know what their ailment is, since there may be no outward signs of the disease, such as skin lesions, but only a feeling of discomfort. It is usually the poor man who is hit by this disease, because lean meat—one of the more costly foods—is the best source of niacin.

Health Begins at Home

Germs and the Housing Problem

HOUSING IS another factor in health. Inadequate and unsanitary houses are breeding spots for disease. The 1940 census shows that the South, especially the rural South, has the worst housing in the Nation. Houses in the South are smaller, although families are larger; more of our houses are in need of repair and fewer of them have running water and sanitary toilet facilities than homes in the rest of the United States. Crowding is greater among farm families than city families in the South. The 1940 census showed that 38 per cent of white farm families and 54 per cent of Negro farm families in the South had more than one person per room.

Poor toilet and water facilities in the rural South probably account, at least in part, for the fact that more than half of the Nation's total of deaths from dysentery and a third of the deaths from diarrhea were confined to the thirteen Southern states. Again, the 1940 census showed that 26 per cent of Negro farm families and 15 per cent of white farm families in the South had no water supply within 50 feet of their houses. Twenty per cent of the Negro farm families and 11 per cent of the white farm families had no toilet or privy. Village and urban families were better off on this score: only two per cent of

white families in urban communities, who owned their houses, had no running water; but even in the urban areas the figures on Negro home owners showed 16 per cent without running water. It's interesting to note that the record among home owners was somewhat better than among renters in the urban groups; for among those who rented the rates were four per cent and 19 per cent, respectively, without running water.

The low-income rural family is at a disadvantage in this, for in the country a water and sewage disposal system costs more than it does in the city, where city-wide water and sewer systems are established. Inadequate sewage disposal is a danger to the water supply: a chief source of typhoid fever is polluted water. This explains the greater proportion of typhoid fever cases among rural as compared to urban areas and among Negroes as compared to whites.

Window screens to keep out disease-carrying flies and mosquitoes are another housing factor for health protection. A rural farm housing survey showed that only about one-fourth of white families and less than five per cent of Negro families in the rural South had houses with screens in good condition. Since the survey was made, however, many farm homes in the South have been properly screened through cooperation of the Works Progress Administration and the state boards of health. But there are still many homes in the South without proper screens.

Again, Not Enough Money

A main cause of poor housing, as of poor diet, is low income. As the income of our people, both white and Negro, is raised they will purchase more adequate housing with modern facilities for health protection. For instance, the Consumer Purchases Study showed that among renting families in Southern cities with incomes of $500-$749 a year, white families paid $92 rent, and Negro families $83; in the $750-$999 a year income group, white families paid $123 rent, Negro families $86. The fact that Negroes spent less for rent than whites in the same income group might indicate lack of understanding about the importance of good housing; but probably the chief reason is that Negroes have less opportunity for renting good housing than whites, because of the limitations of segregation.

Health Costs Money

Doctors' Bills and Lean Pocketbooks

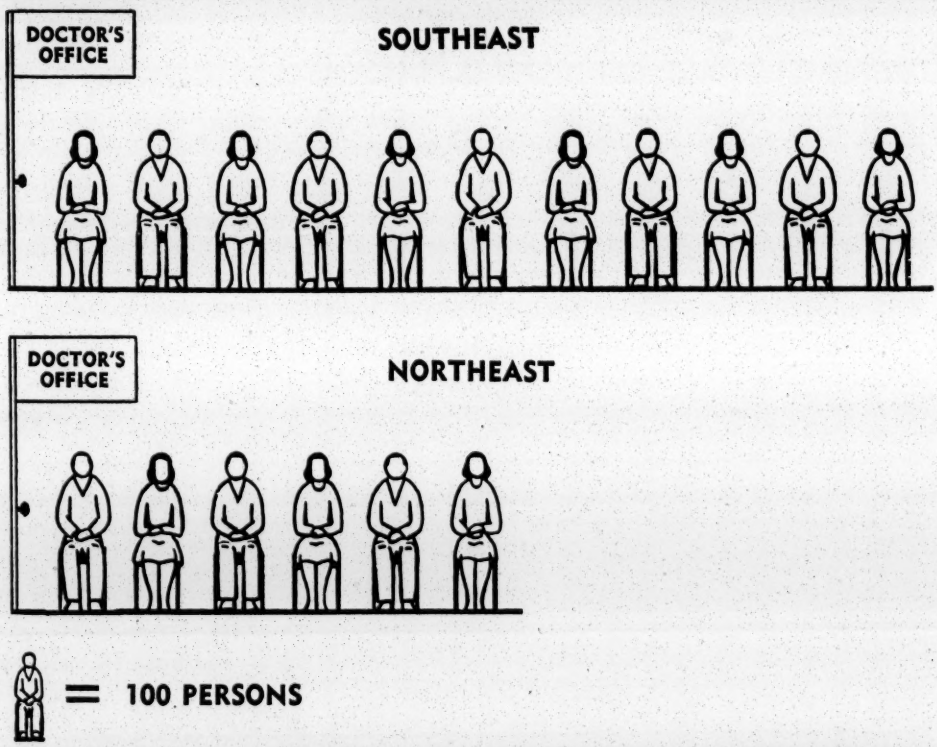
THE LOW income which keeps many Southern people from getting the good diets and adequate housing that are so important in the prevention of disease also stands in the way of their getting proper medical care once they fall ill. "Medical service is a purchasable commodity," writes Rupert B. Vance in his new study of the South, *All These People;* "and the level of medical science no less than the distribution of doctors and nurses depends to a large extent on the economic level of the community."

Doctors and nurses, hospitals and clinics are concentrated in the same centers where high income and high standards of living are concentrated. The South, with its large groups of low-income farm and Negro population, has a severe disadvantage in this fact. The paradox, then, is that where the health of the people is worst there also is the greatest shortage of doctors and facilities for medical care. An approved standard is one doctor to every 700 people, and the national average in 1940 was one doctor for every 751 people, but in more than one-third of the counties in most of the Southern states there was only one doctor for every 3,000 people.

Where the Doctor Goes

Poor people put off going to the doctor as long as they possibly can, because it costs money. In the National Health Survey, 22 per cent of the people in families on relief or with a family income of less than $1,000 who were disabled for a week or longer had no medical attention; for persons with a family income of $5,000 or over the rate was 11 per cent, and the duration of illness was much longer for persons on relief and those with incomes of less than $1,000. For disabling illness lasting only one or two days, 48 per cent of the persons with lowest family incomes were attended by a physician; among those with the highest incomes 79 per cent were treated by a doctor.

In a study made by Dr. Isabella C. Wilson in 1938 of "Sickness and Medical Care Among the Negro Population in a Delta Area of Arkansas," including 226 Negro families with a membership of 902 persons, average expenditure for medical services was $14.42 per family and $3.61 per person. Expenditures for physicians' services were 37.2 per cent of the total amount; for unprescribed medicines, 10.8 per cent; for hospital services, 2.9 per cent; for dental care, 3.8 per cent; for



Where people can afford to pay doctor bills, there we find enough doctors to care for the population. For instance, in the more prosperous Northeast there is one doctor for every 600 people; but in the Southeast there is only one doctor for every 1,100 people — almost twice as many. The approved standard is one doctor for 700 people.

practical nursing services, 0.4 per cent; for graduate nursing, 0.8 per cent; and for midwifery services, 2.4 per cent. Forty-nine and one-half per cent of the families had a doctor's services; 8 per cent, dental services; 0.4 per cent, graduate nursing services in the home; 0.4 per cent, practical nursing services in the home; 3 per cent, hospital services; and 5.3 per cent, midwifery services. Ninety-two per cent of all the families reported the use of unprescribed medicines; 43 per cent, prescribed medicines; 5.8 per cent, herb remedies; 24.8 per cent, homemade remedies; and 0.4 per cent, witchcraft.

The Consumer Purchases Study indicated that there was a tendency in the South for medical care expenses for low-income groups to be lower in the country than in the city. This was more marked in the Negro than in the white group. There are several factors in this: medical services, being more expensive to rural people, are used less; since fewer medical services are available, there is less understanding of their importance. That this is not due to a smaller amount of illness in rural areas is shown in a study of 7,434 canvassed white families in fourteen states, 1928-31, made by the Public Health Service: 85 illnesses per hundred persons per year were reported for rural

EXPENDITURES FOR MEDICAL CARE OF SMALL CITY, VILLAGE, AND FARM FAMILIES INCLUDED IN CONSUMER PURCHASES STUDY (1935-1936)

Group	Average Expenditures for medical care by white families	Average Expenditures for medical care by Negro families
Small city families with incomes of $500-749	$29	$35
$750-999	$44	$43
Village families with incomes of $500-749	$40	$31
$750-999	$41	$33
North and South Carolina farm operator families with incomes of $500-749	$40	$23
Georgia-Mississippi farm operator families with incomes of $500-749	$26	$18
North and South Carolina share cropper families with incomes of $500-749	$35	$25
Georgia-Mississippi sharecropper families with incomes of $500-749	$18	$15

areas as against 80 illnesses per hundred persons for large cities.

Another finding from an analysis of expenditures for medical care of small town, village and farm families included in the Consumer Purchases Study is that village-and-farm Negro families spend relatively less of their income for medical care than do village-and-farm white families. The average expenditure of white village families with incomes of $500-$749 was $41; of Negro village families, $33; of white operator families in North and South Carolina, $40; in Georgia and Mississippi, $26; and of Negro operator families in North and South Carolina, $23; in Georgia and Mississippi, $18.

A Few Reasons

One cause of lower expenditures for medical care by the rural Negro is, no doubt, less understanding of the need for medical services on the part of the Negro. Another, and certainly important factor, is the shortage of medical services for Negroes. In many counties of the South, we have seen that there are more than 3,000 persons to one physician. Doctors in such areas are often forced to restrict their practice. Even though the white rural family might have the same low income as the Negro rural family, the former is more likely to get services from a busy physician; for studies of families in the low-income classes have shown that more white families than Negro families have resources that enable them to spend considerably more than their year's income for family living. In other words, the low-income white family can more often raise money to meet an emergency illness than can the low-income Negro family and is, for

PER CENT OF COUNTIES IN 13 SOUTHERN STATES HAVING OVER 3,000 PEOPLE PER ACTIVE PHYSICIAN (1940)

Alabama	20.9
Arkansas	9.3
Florida	17.9
Georgia	26.4
Kentucky	18.3
Louisiana	21.9
Mississippi	18.3
North Carolina	14.0
Oklahoma	15.6
South Carolina	10.9
Tennessee	18.9
Texas	12.2
Virginia	15.0

this reason, more likely to get such medical services as are available.

One illustration of the difference in kind of medical services which whites and Negroes purchase is the percentage of births attended by physicians and midwives. Practically all white women are attended by physicians while the majority of Negro women are attended by midwives. These midwives are usually Negro women who have had limited training from state boards of health. However, these midwives cannot be considered a substitute for a physician, either for the period during pregnancy or at childbirth.

Many families of low economic status in the South consult county departments of health. However, all counties in these Southern states do not have full-time health departments, since a substantial part of the funds must be provided by the county for a full-time health department. Often the county that needs the full-time service most does not have it. Medical services available to individuals in a county with a full-time health department cannot, however, take the place of the services of a physician.

The South is also short on hospital facilities and nurses. The professional standard is 4.6 beds per thousand population. None of the thirteen Southern states met this standard in 1939. From estimates made of data from the 1943 census of hospitals it would seem that the standard was being met in every state except one. This increase in hospital facilities was, however, due almost entirely to expansion of federal hospitals and is probably only temporary in nature. The ratio of trained nurses to population is also lower in the South than in the Nation.

The rate of occupancy of hospital beds is lower in the South than in the Nation. Southern states would without doubt show a higher rate of occupancy if additional funds were available for hospitalization of members of poor white and Negro families. Also, education may be needed in certain areas to overcome prejudice against "going to the hospital."

Know-how for Health

Too Little Knowledge Is a Dangerous Thing

EDUCATION, TOO, is an important factor in the problem of the South's health; and this, like all the other problems, is related to the region's low economic level. The South's level of education is the lowest in the Nation.* More general education, as well as specific health education, is needed to teach the Southern people the facts about diet and housing so that, even with a higher economic living-standard, they will not continue to neglect the rules of good health.

Illiteracy was second only to syphilis as a cause of rejection of Negroes for military service; it was tenth in causes of importance for rejection of white men. An average of 81.5 Negro men out of every thousand were rejected for educational deficiency, compared with an average of 10.4 for white men. Tennessee had the largest percentage of white registrants rejected because of educational deficiencies, 19.2 per cent, while Alabama had the highest rejection percentage of Negroes for educational deficiencies, 30.7 per cent. The United States average of rejection for educational deficiencies was 5.2 per cent for white men and 17.8 for Negro men.

What Ignorance Means

The important question here is what lack of education means in terms of health. In the first place, it means limited ability to understand the printed and spoken word, a greater reliance on hearsay than on facts. Old-fashioned practices are more difficult to break down in a group with little schooling. Belief in charms around the neck, in teething collars; belief that it is the will of God that women suffer in delivery, that measles, mumps, boils, whooping cough, are not only unavoidable, but even beneficial to children who recover, that evil results from vaccination and inoculation, are often found in the igno-

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*See *Wanted: The South's Future for the Nation* (Southern Regional Council, Inc., 1946) p. 21.

rant. Recognition of the value of, and a desire for, good health facilities may, to a considerable degree, be created by education, but such education is usually lacking in areas that do not have such facilities.

The nutrition problem is first of all a problem of too little cash spent for the right kinds of foods or too little food production. Second, it is a problem of education—ignorance of the foods that make up a balanced diet or poor food habits. Some Negroes as well as whites fail to get an adequate diet, for all these reasons.

In families of the Consumer Purchases Study with food worth about 20 to 30 cents per person per day, three per cent of those in white households, 10 per cent in Negro households had diets graded as good; 29 per cent in white households and 24 per cent in Negro households had diets graded as fair; and 68 per cent in white households and 66 per cent in Negro households had diets graded as poor. In other words, when Negro and white families spent the same amounts of money for food or had diets of the same money value, Negroes got as good quality, if not somewhat better, than did whites.

Poor Diet Habits

But average food expenditures per person per family tended to be somewhat lower for urban Negroes than for urban whites even in the same income group. Rural Negroes tended to raise less food than did rural whites. These conditions helped to make the food consumption of Negroes poorer than that of whites even at the same income levels. Less cash expenditure for food by the urban Negro family may have been due to less knowledge of the importance of diet. Negroes were less likely to purchase milk, eggs, and fresh fruit than were whites.

Negro farm families of the Southeast included in the Consumer Purchases Study produced on the farm a smaller proportion of their food than did white farm families in similar areas and groups. White farm operator families of North and South Carolina with incomes of $250-$499 produced 60 per cent of the food they consumed, while Negro farm operator families in the same location and with the same income produced 55 per cent. The proportion for white and Negro sharecroppers at the same income level in these two states was 53 and 45 per cent, respectively.

More Knowledge Needed

There was greater difference in the white and Negro sharecroppers' food production than in the white and Negro operators' food

production. Why should the white cropper produce more food for family consumption than the Negro cropper? Perhaps the white family had more assistance from educational agencies. Perhaps the white family having better education, could better understand the nutrition literature available. Perhaps the white family has more of a tradition for food production for home consumption than did the Negro. Negroes have been taught by their tradition of poverty to get along on little. Perhaps this custom of many Negroes in the South to get along on little is one of the things that must be changed before we can fully conquer the food-health problem.

There was more difference in the proportion of home-produced food consumed by operators and sharecroppers of the same race than by white and Negro operators, or by white and Negro sharecroppers. Farm operators, both white and Negro, produced relatively more of their food supply than did sharecroppers. Low food production on the part of sharecroppers means more cash paid out for food, yet not as good diet, because food produced at home consists of milk, butter, pork, eggs, vegetables, fruits.

The Doctor's Orders

Prescriptions for a Healthy South

WE HAVE already discussed what a man or woman is "worth" to the South, and that in turn means what their health is worth to the region in terms of production and the development of prosperity — for if the South is to progress it must make the best possible use of the energies and abilities of all its people. So there should now be no question about the need for the South to improve the health of its people, for practical as well as for human reasons. Poor health and even poor diet alone have direct effects on the efficiency of workers.

Industry in general has recognized that a certain amount of absenteeism, fatigue, and general ineffectiveness on the job are related to poor diet. At the hearings before a subcommittee on Education and Labor in the United States Senate it was reported that accidents in one electrical plant were reduced 30 per cent by the serving of basic food snacks between meals. Production increased eight per cent, while errors were cut four per cent in another plant where milk and fruit were served between meals. An Alabama milling firm reported a 10 per cent production increase due to a nutritional program. Still another company revealed a 30 per cent decrease in accidents after its 1,500 employees had been given free milk and a 5-minute recess.

More Useful People

Much of the "good-for-nothingness" laid at the doorstep of the Negro and poor white is the result of his diet; with better feeding his work efficiency would improve. Dr. Tom D. Spies, Director of the Hillman Hospital nutritional clinic at Birmingham, Alabama, reported recently that 800 weak and sickly whites and Negroes had been cured by the science of nutrition. Of the 800, 41 went into the armed forces, 101 into agriculture, 299 into industry, and 359 into domestic service. In other words, we have numerous examples of how good food can help the weak to become strong, the sick to become well.

All these facts show clearly that the approach to improving the health of the Southern people must be a broad one. Family incomes must be increased. More medical facilities, doctors, dentists, nurses, hospital beds, clinics, must be made available. Plans for easy payment for medical care must be worked out. Malnutrition, inadequate and unsanitary housing need further attention. Public health facilities must be increased. Intensive programs of health education are needed. Local communities must set up nurseries and recreation centers for children of working mothers. More and better schooling must be given both youths and adults in order that they may better understand the significance of health and how it might be attained.

Wider Medical Care

Since the health problem is in part economic, any program for increasing incomes will result in better health. An increase in health facilities in the South, such as more physicians, dentists, hospitals would bring better health to all the population. An increase in the number of physicians and dentists means building up medical schools in the South, and offering fellowships to promising white and Negro students. There is especially a need for greater opportunity and more facilities for training Negro physicians, dentists, and nurses. The 1940 census listed less than 4,000 Negro doctors and surgeons in the United States. The supply of Negro dentists was half that of Negro doctors and surgeons.

More medical schools in the South would not only mean that more young men and women in this area would study medicine, but that more doctors would locate in the South, for there is a tendency to locate in the state in which the medical education is received. Then, too, a good medical school acts as a center of learning for physicians in the vicinity.

One possibility for the poorer Southern rural community would be to center attention on improving transportation facilities to a nearby community with good medical facilities. The suggestion has been offered, and some experiments have been made, for an ambulance equipped for emergency surgical work to be attached to hospitals located within working distance of communities which lack hospital facilities. Such an ambulance might be sent with a physician and a nurse to the home of the patient, where emergency operations or treatment could be given.

Cooperative Protection

Medical care expenses cannot be budgeted by the individual family; they are not predictable. For this reason prepayment by groups

is an easier and more efficient method of paying for health services than postpayment by individuals. In studies made by the United States Bureau of Agricultural Economics, it was found that farm families in the Southeast were more favorable to the principle of medical care prepayment plans than farm families in other regions and that Negro farm families were more favorable to such plans than were white farm families. This was no doubt because, under the postpayment plan by individuals, many white farm families and a great many Negro farm families in the South cannot purchase adequate medical care.

Voluntary sickness insurance plans such as the Blue Cross and prepayment medical care plans established under private group clinics have done much to lighten the burden of hospital and medical care expenses for the middle income group in cities. The plan sponsored by the Farm Security Administration for its clients (which is the most widespread prepayment medical care plan for farm people) meets only a part of the total need for medical care, though it has brought a real measure of security to families who have participated.

There is no prepayment plan that can bring the cost of complete medical care within range of the ability of low families to pay — low income families such as many Southern farm and Negro families. If medical services for such groups are to be adequate, they must be in part tax supported.

Health Education

Providing health facilities, such as physicians, hospitals, and nurses, without education as to the need for and the use of these facilities means little. Therefore, better health for Southern people means health education by specialists. It means health education by local leaders, trained to do the job. It means health taught in public schools, especially in the first four grades where so many of the children of low income families of the South are enrolled.

The Public Health Departments in all of the Southern states carry on health education programs, but do not have sufficient funds to do the job thoroughly. Recently a number of fellowships for graduate work in health education have been made available: for example, the Mississippi Delta Council, in cooperation with the State Board of Health, secured from the Rockefeller Foundation a fund of $80,000 to train forty health educators, twenty white and twenty Negro, to work in the Delta area. The fund was allocated in the form of scholarships offering nine months' school work and three months' field work. In such trained personnel as these rest many possibilities for improving health in the South.

Agriculturists and nutritionists must be provided in large numbers to help with food and nutrition programs. Many farm and village families (especially those in the low-income groups) know little about producing and conserving food for the family. Men as well as women must be taught this job of food production and conservation. Homemakers in cities as well as in small towns and on farms need to know what makes an adequate diet and how to conserve these foods in cooking.

Food Enrichment

Another possibility for improving the nutrition of Southern people is by enrichment of staple foods. According to the March, 1945, *Nutrition News Letter,* legislation for enrichment of white flour and white bread, and in some cases of margarine and degerminated cornmeal and grits, had been passed in six states in the South. Recently the South Carolina Experiment Station and Extension Service enlisted many grist mills of that state in a whole-grained cornmeal enrichment program.

According to Dr. C. A. Elvehjem, when cornmeal is eaten more niacin is needed to prevent pellagra, and extra niacin must be consumed in other foods. Degerminated cornmeal and pearl grits are even more likely to induce pellagra than is whole cornmeal. The fact that Southern people, and especially low income Southern people, are large consumers of cornbread and grits makes expansion of the corn-enrichment programs in the South most important.

Another way to improve the health of Southern people is to encourage industries to set up nutrition programs.

Community Effort

There is much that can be done by community groups to improve the health of their population. For example, a survey of sewage disposal, screening and water supplies might be made; if findings warrant, request could be made to the Public Health Service for assistance of sanitary engineers. It is on the basis of such requests that boards of health are able to get funds for work of this type. County boards of supervisors might invest in well drilling equipment, and make deep wells available at cost. However, low income rural families of the South would not benefit greatly from such a program, unless allowed a period of time to pay for it at low interest rates.

Community groups can establish nursery schools and recreation centers for white and Negro children. This is especially important in

communities where mothers of young children work away from home.

State and County Public Health Departments of the South have done much to improve the health of low income groups in the South; in fact, most of their effort has been in this direction. To do a more complete job, increased facilities are needed: full time health departments in every county and adequate housing for these departments.

With sufficient funds and the right kind of community cooperation, it would be possible now for the Public Health Service to greatly reduce, if not wipe out, syphilis, tuberculosis, and malaria. Rapid treatment methods have been worked out for syphilis. Diagnosis of tuberculosis before the clinical symptoms occur is now possible through the use of X-ray. The new insecticide, DDT, promises to be of great assistance in further reducing malaria. These three diseases take heavy toll among low income groups.

As surely as health is necessary for work, so surely is it a saving to spend for health. We can afford the cost of better health. In fact, we can not afford the higher price of sickness which we know how to prevent. We must resolve to spend productively for health.

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THE SOUTHERN REGIONAL COUNCIL is a non-profit, non-denominational, non-political organization set up in February, 1944 to study the many problems of the South and to mobilize the people of the South to solve those problems. It is pro-democracy and pro-humanity. It is an outgrowth of the needs of the South, it is Southern in its make-up and its work.

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